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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

8 December - 14 December

1947

Number 50

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SECTION I

GENERAL

Technical Bulletins

The following Public Health and Welfare Technical Bulletin was mailed with Weekly Bulletin No. 50 on 20 December:

Title: National Welfare Agencies in Japan

Short Title: TB - PH - WEL 8

Prefecture Departments of Health and Welfare

Reference PHW Weekly Bulletin #49, 30 November - 6 December, the following information is furnished:

From time to time questions have arisen in the field concerning the applicability of SCAPIN 945, dated 11 May 1946, subject: Reorganization of Governmental Public Health and Welfare Activities. Paragraph 3 of SCAPIN 945 states the Japanese Government "will cause to be established in prefectural governments a Bureau of Health and a Bureau of Welfare". Paragraph 5 states "the reorganization as a result of this memorandum will be subject to modification by action of the Japanese Diet". The Diet, by means of the Local Autonomy Law (Law No. 67, dated 16 April 1947), has taken action concerning the organization of Prefectural Health and Welfare Departments.

The Local Autonomy Law was amended by the Japanese Diet on 7 December. This amendment becomes effective 1 January 1948. Article 158 of the Local Autonomy Law now provides: "For the purpose of allotting the affairs which fall within the powers of the governor of a metropolis, district or urban or local prefecture, bureaus or departments shall be established".

Separate provision is made for the organization of the metropolis (Tokyo-to) government. The prescribed organization for the other prefectures as provided in Article 158 of the Local Autonomy Law is as follows:

1. General Affairs Department
2. Department of Welfare
   a. Matters relating to Social Welfare
   b. Matters relating to Social Insurance
3. Department of Education
4. Economic Affairs Department
5. Public Works Department
6. Department of Health
   a. Matters relating to health and sanitation
   b. Matters relating to health centers
7. Department of Agricultural Land.

Under the provisions of this amendment "matters relating to labor" are assigned to the Economic Affairs Department.

Japanese officials are now in the process of drafting necessary orders and regulations in order to carry out changes in the organization of the local gov-

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ernment. It is expected that required changes will be made between 1 January and 1 April 1948.

The underlying purpose of SCAPIN 945 was to improve the status of health and welfare services in the national, prefectural and local governments by establishing a sound organization at the national level and by establishing similar separate departments of health and welfare in the prefectures. These departments are to be directly under the governor and on an equal footing with the other prefectural government services. The establishment of separate departments has been necessarily a slow process due to limitation of funds and the lack of adequate personnel. The following 18 prefectures have already established separate departments of health (Eisei-bu):

Aichi	Chiba	Fukuoka	Hiroshima	Hokkaido
Hyogo	Kanagawa	Kumamoto	Kyoto	Miyagi
Nagasaki	Niigata	Osaka	Shizuoka	Tokyo
Yamaguchi	Toyama	Wakayama		

Separate Departments of Welfare (Minsei-bu) are now established in the following 22 prefectures:

Aichi	Akita	Chiba	Ehime	Fukuoka
Fukushima	Hiroshima	Hokkaido	Hyogo	Kanagawa
Kumamoto	Kyoto	Miyagi	Nagano	Niigata
Okayama	Osaka	Saitama	Shizuoka	Tokyo
Yamagata	Yamaguchi			

SECTION II

WELFARE DIVISION

Public Assistance Report - October

The Ministry of Welfare has submitted the following public assistance totals for the month of October. Figures for September 1947 and October 1946 are shown for purpose of comparison:

	Oct. 1947	Sept. 1947	Oct. 1946
No. of Persons in Institutions	147,734	223,742	
No. of Persons Non-Institutional	2,799,561	2,987,123	
Totals	2,947,295	3,210,865	2,703,439
Cost of Assistance-in Cash	358,731,288	339,125,297	
Cost of Assistance-in Kind	21,824,752	70,371,751	
Totals	¥ 380,556,040	¥ 409,497,048	¥ 136,995,827

Prefecture Public Assistance Report for October

Prefecture	Persons		Expense	
	Institutional	Non-Institutional	In Kind	Cash
Hokkaido	15,572	64,932	398,478	14,713,316
Aomori	2,325	42,092	6,136	5,439,091
Iwate	442	159,045	109,664	6,100,886
Miyagi	1,159	53,390	183,459	4,443,147
Akita	1,260	56,680	380,540	6,901,676
Yamagata	1,275	48,684	28,283	6,722,442
Fukushima	942	64,026	42,341	7,948,460
Ibaraki	1,537	63,281	943,006	6,159,827
Tochigi	556	28,510	108,440	4,565,849

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Gumma	3,474	75,244	1,002,543	7,416,535
Saitama	1,086	49,310	3,894,726	7,135,642
Chiba	3.166	39,946	99,200	5,462,553
Tokyo	19,942	400,774	2,560,845	34,643,624
Kanagawa	4,870	44,625	99,808	10,583,871
Niigata	11,505	70,333	209,770	9,487,766
Toyama	1,233	38,791		5,927,807
Ishikawa	1,029	34,490	532,940	5,139,335
Fukui	4,515	24,990	550,032	3,569,294
Yamanashi	355	27,394		3,178,985
Nagano	2,335	71,388	82,420	9,851,982
Gifu	1,668	57,581	1,806,455	6,481,194
Shizuoka	5,082	55,613	915,534	8,750,807
Aichi	8,137	84,612		12,865,846
Mie	966	38,649	558	5,962,880
Shiga	476	31,428		2,946,026
Kyoto	2,973	61,042	1,358,533	11,848,981
Osaka	8,545	87,495	105,602	23,444,995
Hyogo	5,657	99,384		20,213,922
Nara	434	25,020	1,750	3,876,943
Wakayama	322	33,506	37,361	5,893,808
Tottori	498	22,895	198,583	3,496,244
Shimane	702	29,693		4,369,948
Okayama	3,489	44,248	54,240	6,495,646
Hiroshima	3,257	53,629	607,169	8,848,525
Yamaguchi	8,071	36,439	174,829	6,870,238
Tokushima	1,728	32,315	49,061	3,975,568
Kagawa	1,376	28,266	893,342	3,496,993
Ehime	780	38,735	608,720	5,664,315
Kochi	475	25,579	340	4,030,325
Fukuoka	3,268	130,784	1,665,630	10,866,086
Saga	1,877	41,943	910,701	4,728,243
Nagasaki	1,394	64,152	17,162	7,004,091
Kumamoto	2,299	48,404	284,380	6,232,797
Oita	1,789	24,547	153,861	3,353,960
Miyazaki	1,556	44,921	476,223	4,015,662
Kagoshima	2,343	100,756	272,087	7,404,142
Total	147,734	2,799,561	21,824,752	312,746,101

Licensed Agencies for Relief in Asia (LARA)

Rev. Henry J. Felsecker arrived in Tokyo to assume his duties as one of the three representatives of LARA. He replaces Rev. Michael J. McKillop, who is returning to missionary work with his headquarters in Kyoto. The other two representatives of LARA are Miss Esther B. Rhoads and Dr. G. Ernest Bott.

Additional LARA relief supplies covering shipments 36 and 37 arrived in Yokohama from the U. S. These shipments were as follows:

a. Shipment No. 36: Arrived aboard the S. S. Louis McHenry Howe on 7 December and contained 198.28 tons of relief supplies (clothing including shoes-50.37 tons, food - 147.75 tons, medical supplies - .03 tons and miscellaneous-.13 tons).

b. Shipment No. 37: Arrived aboard the S. S. New Zealand Victory on 8 December and contained 5.97 tons of relief supplies (clothing including shoes-5.59 tons, food - .38 tons).

Red Cross Emblem

Law No. 159 "Protection of the Emblem and Appellation of the Red Cross" was promulgated on 7 December 1947 and will become effective 1 January 1948.

The law, in brief, contains the following provisions:

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a. The emblem of red cross on white ground, the appellation of red cross or Geneva cross, or any emblem or appellation similar to the foregoing shall not be employed without authority

b. The Japanese Red Cross Society is authorized to employ the emblem and the appellation of red cross.

c. Any person, in order to indicate the place giving free-of-charge aid to the injured or sick, may employ the emblem of red cross on obtaining express authorization of the Japanese Red Cross Society.

d. Any person violating the provisions set forth in sub-paragraph a. above, shall be punished by confinement (not to exceed six months) or by fine (not to exceed ¥ 1,000).

Community Chest (National Interdependence Campaign)

To assist the Community Chest in reaching its goal (¥ 686,800,000) during the present drive to raise sufficient funds to finance recognized private welfare and relief agencies for the year 1948, provisions have been made through SCAPIN 1829 AG 095 (5 Dec 47) ESS/AC to facilitate participation by Restricted Concerns in the campaign.

The Japanese Government is authorized, by SCAPIN 1829 to establish the following rules with respect to Community Chest donations and subscriptions by Restricted Concerns:

a. Any Restricted Concern may make a cash donation to the Community Chest fund not in excess of ¥ 25,000, without prior approval of SCAP. All such donations shall be reported to SCAP through the Minister of Finance.

b. Any Restricted Concern may subscribe a larger amount provided prior approval of SCAP is obtained before payment of the subscription. Such approval will be obtained through the procedure prescribed by the Japanese Government in Ministry of Finance Ordinance No. 97.

c. No Restricted Concern may borrow funds to make payments to the Community Chest fund or use funds borrowed for those purposes. The company's financial condition must be such as to permit donations from its Free Yen Account.

d. All cash donations and subscriptions shall be strictly voluntary on the part of the donor or subscriber.

NOTE: The provisions of SCAPIN 1829 shall be applicable only to the present Community Chest Campaign up to 29 December.

Government interest in the establishment of a Community Chest and the voluntary assistance of public officials, where necessary, is without objection. However, information from the field indicates that in some instances, the interest and assistance of public officials has developed beyond the original intent of all parties concerned.

Public officials' participation in the Community Chest Campaign and the use of Community Chest funds in public relief and welfare organizations was discussed with the Ministry of Welfare and as a result of these discussions the Social Affairs Bureau, Ministry of Welfare, forwarded the following instructions to all prefectural governors on 12 December (Shatsu 1701); Subject: "Community Chest Campaign".

a. "In view of the fact that this drive is the first attempt on a national scale in Japan, the Ministry of Welfare took the initiative and put all the efforts into fostering interests of the general public in this drive through pamphlets and other source materials. It is requested that you will also extend all possible assistance in publicizing and guiding the drive.

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b. "However, it should be borne in mind that this drive is purely a private undertaking, and public officials will not engage in or be responsible for the collection, accounting, safeguarding, allocation or distribution of the funds.

c. "It should also be cautioned that the fund raised by the present drive should under no circumstances be transferred into the accounts of local, prefectural or national public institutions. However, this principle does not prevent private relief or welfare organizations receiving funds from the Community Chest, giving aid, of their own initiative, directly to patients or inmates accommodated in public institutions."

Development of School Lunch Program

The first anniversary of the launching of the School Lunch Program by the Ministry of Education in cooperation with the Ministries of Welfare and Agriculture and Forestry, was observed on 11 December.

On 11 December 1946 the first School Lunch Program was launched in the Tokyo-to, Kanagawa Prefectural Region; 300 schools participating, with a total enrollment of 297,646 children. The school lunch was served twice a week. LARA allocation of 300 tons of powdered skimmed milk constituted the main dietery item.

As of 1 December 1947, 5,062 schools were included in the School Lunch Program (3,504 urban and 1,558 rural). Four million, one hundred five thousand, five hundred and sixty children were benefited through lunch being made available 3 - 5 times per week.

The following table is included to indicate the scope of the program:

NOVEMBER 1947

	CITIES		TOWNS AND VILLAGES	
PREFECTURES	NO. OF SCHOOLS	NO. OF PERSONS	NO. OF SCHOOLS	NO. OF PERSONS
HOKKAIDO	142	143,044		12,380
AOMORI	27	35,597	20	24,202
IWATE	29	23,786	61	23,424
MIYAGI	28	43,811	47	32,613
AKITA	26	24,736	29	25,834
YAMAGATA	27	33,092		26,889
FUKUSHIMA	39	30,463	36	35,921
IBARAKI	21	23,071		34,162
TOCHIGI	29	34,600	65	56,584
GUMMA	27	42,772	6	50,253
SAITAMA	50	54,620	54	65,163
CHIBA	58	64,895	61	53,940
TOKYO	577	263,723	7	3,252
KANAGAWA	179	187,737	7	6,853
NIIGATA	52	16,328		29,262
TOYAMA	49	33,394	87	21,678
ISHIKAWA	217	69,031	11	7,741
FUKUI	19	12,834	6	8,426
YAMANASHI	16	14,724	20	10,662
NAGANO	31	32,258		24,422
GIFU	30	25,841		16,848
SHIZUOKA	50	57,948	122	55,071
AICHI	138	122,161	173	51,096
MIE	74	56,522	28	13,706
SHIGA	22	20,501		22,988
KYOTO	160	138,268	44	19,368
OSAKA	313	283,372		21,332
HYOGO	177	159,527	52	47,332
NARA	11	9,379		8,762
WAKAYAMA	39	34,068	83	21,450
TOTTORI	22	14,414	12	6,979

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SHIMANE	32	17,984	17	10,092
OKAYAMA	35	25,997	105	38,195
HIROSHIMA	78	33,254	133	42,070
YAMAGUCHI	109	90,892		8,999
TOKUSHIMA	28	18,298	8	10,358
KAGAWA	24	22,312		9,236
EHIME	59	39,785	70	33,771
KOCHI	23	15,429	30	9,270
FUKUOKA	156	158,694	27	18,964
SAGA	16	15,213	39	24,417
NAGASAKI	27	69,775	12	12,951
KUMAMOTO	49	38,896	48	18,939
OITA	46	31,731		12,643
MIYAZAKI	36	31,812		11,085
KAGOSHIMA	38	32,560	20	20,569

Present plans call for the inclusion of an additional quarter of a million children during the first quarter of 1948 and an additional quarter of a million during the second quarter of 1948.

The Ministry of Education reports that since the launching of the School Lunch Program, an appreciable increase in the weight of the children has been determined by the nutritional surveys.

The Japanese Government has been asked to develop a plan to increase the budget for the School Lunch Program to include all kindergarden, primary, middle and high school students of the country: a total of more than 18,000,000 children. The new plan is to be effective at the beginning of the 1948 - 1949 school year and carried forward throughout that school year.

SECTION III

NURSING AFFAIRS DIVISION

The third four-month Public Health Nurse refresher course is now underway. There are 52 nurses from 42 prefectures enrolled. This course is sponsored by the National Institute of Health and every four months (December - April - August) a new group from the prefectures is enrolled. The four-month curricula is carefully planned and supervised. During the last six weeks, the students are assigned to health centers for field training where they are taught and supervised in home visits as well as the work in the centers.

Public Health Nurses' boxes have been designed and equipped by the nurses. Each nurse has her own box for field work during the training course. It is suggested that each nurse, upon returning to her prefecture, be given the necessary cooperation to enable her to get boxes built and equipped for the nurses in the centers.

Enclosed diagram (Incl 1) gives size and articles needed. Each nurse will be given a Japanese copy of all the lectures on public health nursing before returning. It is suggested that prefectures have copies made to enable all the Public Health Nurses to benefit by this course. The nurses are expected to teach other nurses upon returning. All prefectures are represented at the course except the following: Yamaguchi, Fukushima, Akita and Aomori.

SECTION IV

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reported the following new outbreaks of animal diseases during the period 7-13 December:

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Prefecture	Disease	No. Cases
Hokkaido	Swine Erysipelas	1
Saitama	" "	1
Oita	Equine Encephalitis	2

SECTION V

SUPPLY DIVISION

Production

The table below covers allocation of fuel for hospital use for December. Allocation tickets were mailed direct to hospitals on the 5th and 6th of December by the Ministry of Welfare. An increase of approximately 40% will be allocated for the month of January 1948. Allocation tickets for January allotment will be mailed on or about 17 December. (Unit - tons)

District	Prefecture	Standard	Substandard	Lignite	Total
Sendai	Aomori	229	300	66	595
	Iwate	154	200	120	474
	Miyagi	364	50	365	779
	Akita	160	200	201	561
	Yamagata	113	150	142	405
	Fukushima	105	200	6	311
	Total	1,125	1,100	900	3,125
Tokyo	Ibaraki	393	70	60	522
	Tochigi	106	300	30	436
	Gumma	228	300		528
	Saitama	204	200		404
	Chiba	541	200	90	831
	Tokyo	2,549	100	210	2,859
	Kanagawa	817	300		1,117
	Yamanashi	51	300		351
	Nagano	284	100		384
	Niigata	459	100		559
	Total	5,631	1,970	390	7,991
Nagoya	Shizuoka	254	100	177	531
	Aichi	212	300	108	620
	Mie	153	60	182	395
	Gifu	187		197	384
	Ishikawa	326	150	121	597
	Toyama	170	50	115	335
	Total	1,302	660	900	2,862
Osaka	Shiga	183	300		483
	Fukui	184	200		384
	Kyoto	827	200		1,027
	Osaka	1,476	340		1,816
	Hyogo	394	560		954
	Nara	45	300		345
	Wakayama	30	400		430
	Total	3,139	2,300		5,439
Hiroshima	Tottori	56	100		156
	Shimane	122	100		222
	Okayama	465	30		495
	Hiroshima	492			492
	Yamaguchi	259	100		359
	Total	1,394	330		1,724

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Shikoku	Tokushima	74	70		144
	Kagawa	205			205
	Ehime	148			148
	Kochi	58			58
	Total	485	70		555
Fukuoka	Fukuoka	989	840		1,829
	Saga	244	200		444
	Nagasaki	359	40		399
	Kumamoto	356			356
	Oita	198	50		248
	Miyazaki	120	50		170
	Kagoshima	287	300		587
	Total	2,553	1,480		4,033
Grand Total		15,629	7,910	2,190	25,729

Ministry of Welfare officials state that allocations in Hokkaido are to be made by the Prefectural Governor.

The 35th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control program for 1947 indicates the following data for 30 November - 6 December:

	Total to date 29 Nov.	No. Mfdg. 30 Nov.- 6 Dec.	Total Mfgd. to date 6 Dec.	Total Shipped to date 6 Dec.	Balance On Hand	Balance To Be Mfgd.
DDT Dusters	74,106	2,000	76,106	72,254	3,852	13,894
Sprayer, knapsack type, 3 gal. cap.	39,443	-	39,443	18,877	20,566	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	13,034	10,774	-
Sprayer, hand type ½ gal. capacity	37,610	300	37,910	27,603	10,307	-
	174,967	2,300	177,267	131,768	45,499	13,894

Releases of the following DDT products and typhus vaccine were approved for the period 7 - 13 December:

Prefecture	10% DDT Dust	5% DDT Resudual Effect Spray	Typhus Vaccine
Ibaraki			400 vials
Tottori	500 lbs.		100 "
Ehime (National Hospital)	40 "		
Yamanashi	1,500 "		
Gifu	30,000 "		150 "
Okayama (National Hospital)	10 "	5 gallons	
Saga (National Hospital)	200 "	10 "	
Toyama			10 "
Fukushima			250 "
Okayama	100 "	165 "	
Tokyo (National Hospital)	75 "	10 "	
Shiga (National Hospital)	60 "	10 "	
Nara	500 "	100 "	
Hyogo			8,500 "
Total -	32,985 lbs.	300 gallons	9,410 vials

The Ministry of Justice, in coordination with the Ministry of Welfare, has undertaken a study of requirements of typhus vaccine to immunize the inmates and officials of all the prisons, jails, reformatories, houses of detention, and DDT dust for personnel dusting, and DDT residual effect spray for use in the prison buildings and grounds. Detailed data as to the numbers of prisons, juvenile courts, juvenile reformatories and their various branches, and as to the total numbers of personnel, prison inmates and officials, was compiled and analyzed. For the prison needs for 165,300 people, 16,530- 20 cc. vials of typhus vaccine

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was calculated as adequate. This will allow for 2 cc. of vaccine per person. The program is to start immediately and carry through 1 April 1948.

For the 58 main prisons, and 100 branches thereof, the total of 129,300 lbs. of 10% DDT Dust and 41,600 gallons of 5% DDT Residual Effect Spray, sufficient for the entire needs for the year 1948, will be released for 1948, but in quarterly installments of equal 25% portions of the total requirement. For personnel dusting, one dusting per person will use 25 grams. No typhus immunization measures will be done at the Juvenile Courts because of the transient nature of the culprit's stay, only long enough to be processed and then released, or committed to the Juvenile Reformatory, where he will subsequently come up for the 2-1 cc. immunizing doses of typhus vaccine.

Total requirements and releases of insect and rodent control supplies for all sections of the Ministry of Justice court and prison system can be summarized as follows:

Section	10% DDT Dust	5% DDT Residual Effect Spray	Typhus Vaccine
Main Prisons & Branches	129,300 lbs.	41,600 gals.	16,530 vials
Juvenile Courts	2,746 "	326 "	
Juvenile Reformatories and Branches	1,539 "	5,100 "	255 "
Total	133,585 lbs.	47,026 gals.	16,785 vials

A total of 4,063,219 lbs. of 10% DDT Dust, 176,555 gallons of 5% DDT Residual Effect Spray, and 808,912 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare as of 6 December.

Narcotics

A tour of inspection by the Narcotic Control Officer through Central Honshu revealed that codeine stocks are now reaching local wholesalers in adequate amounts as ordered. The practitioners who were inspected had ample stocks of narcotics but in some instances have not yet provided secure storage commensurate with the stocks of narcotics they are holding. Japanese narcotic agents are endeavoring to have all hospitals store their narcotics in a metal safe with combination locks.

Reports have been received of narcotic violators, who are addicts, being placed on probation. This procedure is being taken up with the Ministry of Justice so that all procurators will be instructed to demand incarceration of addicts, who have violated the narcotic laws, for at least six months in order to remove them from society for a sufficient period of time to effect a cure of their addiction. The Japanese law prohibits the use of narcotics for the treatment of addiction, the approach to the addict problem being that addicts must be placed in an institution without access to narcotics. There are no specific institutions provided for special treatment of addicts since it is felt that pampering an addict will retard rather than further the cure of his addiction.

Distribution

Shipments of insect and rodent control dusters and sprayers in the period 2 - 8 December amounted to a total of 2,878 pieces of equipment. Under Ministry of Welfare direction this distribution went to 16 prefectures as follows:

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer
Akita	360	0	0	48
Niigata	96	0	0	0
Fukui	96	0	0	12
Aichi	144	0	0	72
Kagawa	432	0	0	0
Miyazaki	0	12	6	0
Nagasaki	0	34	12	0

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Fukuoka	0	36	18	0
Kumamoto	0	12	56	0
Kagoshima	0	12	6	0
Saga	0	12	116	0
Oita	0	12	6	0
Iwate	0	108	0	0
Tokushima	0	50	24	0
Tottori	816	0	0	96
Fukushima	0	174	0	0
Total -	1,944	462	244	228

An air shipment of chaulmoogra oil from Japan is to be made to Okinawa in the very near future, to satisfy the emergency need. 84,000 cc are in the process of purification, to be ready for shipment approximately 22 December.

Effective 4 November a new price schedule for controlled medicines became effective. In coordination with Economic and Scientific Section of SCAP, the Price Board of the Japanese Government formulates these official prices. The new price schedule for 97 of the 124 items under distribution control is listed below. Items omitted are those which are currently not being distributed, such as quinine and quinine derivatives. A further study is being made of certain of these prices, which seem excessive, to determine if reductions can be made.

OFFICIAL PRICES FOR CONTROLLED MEDICINES
Effective 4 November 1947

Drug	Unit	New Price
Acetophenetidin	500 gram	¥ 2,054.50
Acetophenetidin Tablets	100 tab	164.00
Aceto-sulfamine Injection	2cc 10 amp	68.00
Acetylsalicylic Acid	25 gram	50.00
Acetylsalicylic Acid tablets	20 tab	25.50
Albumin tannate	500 gram	383.00
Alcohol	500 gram	441.50
Alcohol, diluted	500 gram	184.20
Alcohol, disinfectant	500 gram	391.50
Aminopyrine	25 gram	172.50
Aminopyrine tablets	20 tab	30.00
Atrophine sulfate	5 gram	6,877.50
Barbital	25 gram	217.00
Bismuth subnitrate	500 gram	474.50
Bismuth subsalicylate	25 gram	42.00
Bismuth subsalicylate injection	1cc 10 amp	94.00
Bitter tincture	500 gram	411.00
Bromural	500 gram	1,619.00
Bromural tablets	20 tab	17.00
Caffeine with Sodium Benzoate	25 gram	102.50
Calcium chloride, crystallized	500 gram	92.00
Calcium chloride, injection	20 cc 5 amp	72.50
Calcium lactate	500 gram	460.50
Carbromal	500 gram	3,627.00
Castor Oil	500 gram	112.50
Castor Oil, aromatic	500 gram	72.80
Chiretta, Japanese	500 gram	142.50
Chloroform for anesthesia	30 gram 5 amp	354.00
Cresol solution compound	500 gram	167.00
Dextrose	500 gram	500.00
Digitalis	500 gram	1,479.00
Digitalis Injection	2cc 10 amp	69.50
Ephedrine hydrochloride	25 gram	1,720.00
Epinephrine solution	1cc 50 amp	294.50
Ether, anesthetic	25 gram 5 amp	300.50

Drug	Unit	New Price
Ethyl chloride	50 cc	115.00
Euipan	25 gram	708.00
Formaldehyde solution	500 gram	145.00
Glycerine	250 gram	74.50
Hydrogen peroxide solution	500 gram	81.50
Insulin	1 cc 10 amp	280.00
Iodine	1000 gram	700.50
Iodine, purified	500 gram	597.50
Iodine, tincture	500 gram	573.00
Iodine, tincture, mild	500 gram	952.50
Japan wax ointment	500 gram	206.50
Lobeline hydrochloride injection	10 amp	209.00
Magnesium oxide	500 gram	102.50
Mapharsen	0.04 gram 10 amp	240.00
Mecuric chloride disinfectant	500 gram	337.00
Mercurochrome	500 gram	1,834.50
Metigal	500 gram	334.00
Nupercaine	5 gram	354.50
Nux vomica extract	500 gram	2,160.50
Ointment, simple	500 gram	96.30
Penicillin	30,000 unit 1 amp	400.00
Phenobarbital	25 gram	532.50
Phenol	500 gram	264.00
Phenol for disinfection	500 gram	264.00
Potassium acetate solution	500 gram	161.50
Potassium bromide	500 gram	542.00
Potassium Iodide	500 gram	645.50
Procaine hydrochloride	1,000 gram	16,456.00
Procaine hydrochloride injection	1cc 10 amp	42.50
Protein silver, strong	25 gram	83.00
Rivanol	25 gram	348.50
Saccharin, soluble	25 gram	169.60
Santonin	500 gram	51,426.00
Santonin tablets	100 tab	244.50
Scopolamine	5 gram	5,840.00
Scopolia, extract	500 gram	3,848.00
Sesame oil	500 gram	98.00
Silver, colloidal	100 gram	602.50
Silver, nitrate	500 gram	1,730.00
Sodium bicarbonate	500 gram	29.50
Sodium bicarbonate tablets	100 tab	29.00
Sodium chloride physiological	500 cc	182.50
Sodium salicylate	500 gram	491.50
Sulfadiazine	100 gram	3,974.00
Sulfadiazine tablets	20 tab	442.50
Sulfaguanidin	500 gram	4,216.00
Sulfaguanidin	20 tab	103.00
Sulfamethylthiazole	500 gram	8,511.50
Sulfamethylthiazole tablets	20 tab	207.00
Sulfamine	25 gram	95.00
Sulfamine tablets	20 tab	45.50
Sulfapyridine	500 gram	8,308.50
Sulfapyridine tablets	20 tab	193.00
Sulfapyridine injection	2 cc 10 amp	151.50
Sulfathiazole	500 grams	9,712.00
Sulfathiazole tablets	20 tab	224.00
Tar and sulphur paste	500 gram	232.50
Theophylline with sodium acetate	25 gram	503.00
Zinc oxide	500 gram	49.00
Zinc oxide in oil	500 gram	160.50
Zinc oxide ointment	500 gram	348.50
Zinc sulfate	500 gram	89.00

Reference is made to previous issue of the Weekly Bulletin, No. 49, 30 November - 6 December, to clarify a possible misunderstanding. The final two columns in the tabulation of santonin distribution are the totals for powder and tablets in the four month period covered. In November no powder was distributed. Distribution for November is the single column headed "Tablet".

SECTION VI

PREVENTIVE MEDICINE DIVISION

Sanitary Engineering

Approximately 25% of the Japanese people are served by municipal water treatment plants and distribution systems. The remaining 75% obtain their drinking water from shallow wells, streams, or springs which are, for the most part, liable to dangerous polution. A large proportion of the urban population supplement the seasonally inadequate public supplies with water from private wells. It is not feasible to routinely chlorinate wells or to sterilize the water obtained from them except as an emergency measure to control epidemics of enteric disease. The only means of insuring a reasonably safe well water supply is by the proper location, construction, and maintenance of the well. The Japanese often rely on a single annual chemical or bacteriological test to ascertain the potability of a well supply. This practice should be discouraged since it provides no assurance of a continuously safe supply and often gives the well owner a false sense of security.

A shallow well, one less than 100 feet in depth, should be located at least 15 meters from nightsoil storage tanks, sewers and other sources of fecal contamination. The well site should be selected so as to provide good surface drainage to prevent puddling within four meters of the well. The well casing should be of an impervious material extending a minimum of three meters below the normal ground surface and approximately one meter above it. The usual Japanese method of construction using several sections of bell and spigot concrete pipe is not satisfactory. The well should be covered and, if possible, a pump provided. The construction of new wells for Health Centers, schools, and other public institutions should be approved by the Prefectural Health Department. It is recommended that the local health department survey existing public well supplies, both from an engineering and bacteriological standpoint, and initiate a program of corrective action.

Interpretation of Laboratory Serologic Tests

The demonstration of specific antibodies by proper serologic technique affords presumptive evidence of past or present infection with specific etiologic agents. Interpretation of results of serologic tests with specimens from patients suspected of various diseases can be made in many instances only in connection with observation of clinical symptoms of the diseases. This is particularly true when single specimens only have been submitted for examination. Unless a definite rise in titer of specific antibodies can be demonstrated during the course of disease, laboratory findings per se may be without value or actually deceiving.

If diagnostic significance is to be attached to results of serologic tests, a minimum of two serum specimens must be examined. The first specimen should be drawn as soon as possible after onset of clinical signs and symptoms and the other 10 days to 3 weeks later (see Circular 96, Headquarters 8th Army, 5 June 1947). Usually this interval between the drawing of specimens in the acute and convalescent phases is long enough to permit a significant rise in antibody titer to be detected. However, certain neutralizing antibodies frequently appear later than other types of antibodies, and in these cases a third specimen should be drawn 6 to 8 weeks after onset.

Epidemic and Murine Typhus Fevers: Serologic tests available for aid in the diagnosis of typhus fever, either the epidemic or the murine type, include the Weil-Felix reaction, complement-fixation and reckettsial agglutination tests.

Each type of reaction may become positive and reach a maximum titer at different stages of the disease.

a. Weil-Felix Test: Usually between the 7th and 15th day after initial symptoms, patients suffering from epidemic or murine typhus develop agglutinins capable of clumping or agglutinating Proteus OX19. Proteus vulgaris OX19 is an O (non-motile) variant of Proteus vulgaris, a gram negative bacillus which per se has no connection with the typhus fevers. As an antigen Proteus OX19 is relatively complex. A fraction of its antigen complex apparently is also a component common to the antigen complex of the rickettsiae of epidemic and murine typhus. The consequent result in this case is para-agglutination where the agglutinins formed against a rickettsial antigen cause agglutination of an identical bacterial antigenic component. It might be expected that an antigen as complex as Proteus OX19 might also be agglutinated by antisera specific for its components not common to the rickettsia. Such is often the case. Hence, the Weil-Felix reaction, as these Proteus agglutinations by rickettsial antisera are termed, is not necessarily specific. Patients with F.U.O.'s often develop agglutinins for Proteus OX19. Such agglutinins are usually low in titer (seldom over 1:640) and their presence in the patient's serum is of short duration. Most patients having typhus fever (murine or epidemic) usually do not show complete loss of agglutinins until about the 45th day of the disease or thereafter.

Serum samples in suspected cases of typhus should be taken on or about the seventh, twelfth and sixteenth day of the disease. If the line obtained from plotting these titers shows either a straight ascent or exhibits a rise and fall, and if the clinical symptoms are compatible with a diagnosis of typhus, the Weil-Felix reaction in such a case may be considered as laboratory confirmation.

NOTE: Experience in this theatre has shown that individuals immunized against typhus may attain titers as high as 1:640 and the appearance of such titer is gradual. It should not be assumed from this and the foregoing discussion that only titers above 1:640 are significant. Bona fide cases of typhus have shown a titer line starting at 1:20 proceeding to 1:80 and thence to 1:160 with gradual diminution after the 45th day.

b. Complement-Fixation Test: The typhus complement-fixation test, employing specially purified rickettsial antigens, is specific in the sense that it is not known to give positive results with immune serum from diseases other than typhus fever. In the absence of previous vaccination against typhus fever, a titer even as low as 1:10 can be considered positive. On the other hand, the complement-fixation test may remain positive in low titer for a relatively long period of time after recovery from the disease, so that a single low-titer reaction (1:10 to 1:40) may represent past experience with the disease and not necessarily current infection. Titers of 1:80 or greater can ordinarily be regarded as indicative of recent infection, while demonstration of a rising titer, even though the maximum level is not high, may be considered diagnostic.

In most instances, epidemic and murine typhus fevers can be differentiated from each other on the basis of complement-fixation tests in non-vaccinated individuals. When carefully washed antigens are employed, little or no cross-reaction occurs in the case of epidemic typhus. A greater degree of cross-reaction is often noted in murine typhus sera, but in the majority of cases murine antibody titer is definitely higher than epidemic antibody titer. In what appear to be intermediate cases, titer of epidemic and murine antibodies may be equal or nearly so; these cases seem to be more closely related to murine than to typical epidemic typhus fever.

In the non-vaccinated patient, complement-fixation antibody titers become positive and reach maximum levels more slowly than do either Weil-Felix or rickettsial agglutination antibodies. The reaction seldom becomes positive in less than 10 days after onset and may be delayed as long as 21 to 30 days. Negative complement-fixation results obtained on specimens drawn during the acute stage of disease or in early convalescence, therefore, do not exclude typhus fever as a diagnosis.

In the case of previously vaccinated individuals, the serologic picture may

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be markedly altered. A titer of 1:10 or 1:20 for epidemic antibody may be found in healthy individuals following a typhus immunization series (commercial American typhus vaccine is prepared from an epidemic typhus strain). When such individuals contract typhus fever, the complement-fixing antibody titer may become positive or show a rise in titer much more rapidly than in non-vaccinated individuals owing to an anamnestic response.

In murine typhus cases occurring in individuals immunized against epidemic typhus, complement-fixing antibody for epidemic typhus has been found often to appear earlier than murine antibody and may reach a titer as high or higher than the latter. In such cases serologic differentiation may be impossible by means of complement-fixation tests alone.

c. Rickettsial Agglutination Test: Rickettsial agglutination reactions have been found to become positive somewhat earlier in typhus fever than the complement-fixation test. The agglutination test is particularly useful in the laboratory diagnosis of murine typhus where the reaction appears to show positive results with greater regularity than is the case with complement-fixation with purified rickettsial antigens. While a cross-reaction is almost invariably found, agglutination titer usually is significantly higher for the specific typhus strain causing the disease; this has been found to be true also in the case of murine typhus patients who have been immunized with epidemic typhus vaccine.

The limiting factor in the use of the rickettsial agglutination test for routine laboratory diagnostic procedures is the relatively large amount of antigen required for the quantitative test as compared with that required for complement-fixation. (To be continued in Weekly Bulletin #51).

SECTION VII

MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 21 November 1947 shows 3,400 hospitals with a capacity of 211,183 beds of which 97,218 were occupied. During this same period 309,377 out-patients were treated.

SECTION VIII

SOCIAL SECURITY DIVISION

Seamen's Insurance

The Diet on 9 December passed amendments to the Seamen's Insurance Law to provide Unemployment Insurance and Unemployment Allowances for seamen in the same manner as recent legislation accorded protection to landworkers.

National Health Insurance

A survey of National Health Insurance activities was made in Yamagata prefecture. Although the National Health Insurance associations there are beset with financial difficulties, the situation in general compared favorably with that in other areas visited. In only one town in the prefecture have the people voted to dissolve their association. Ninety-four percent of the population enjoys National Health Insurance protection. The average annual premium is about ¥ 600 per family, which represents approximately 2% of income in rural areas. For this contribution, subscribers are entitled to medical and hospital service of all types, to the extent of half their bills.

SECTION IX

VITAL STATISTICS DIVISION

The Ministry of Welfare called a two-day conference at Yugawara on 12 December of all statistical units in the prefectural health offices. Representatives numbering 120 were present from all prefectures, the five largest cities and eight members of the field staff of public health statistics of the Ministry.

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All prefectural health offices are now expected to have specific public health statistics units.

During the preceding week, more than 100 representatives from health centers gathered in Kyoto from Kyushu, Shikoku and the southern part of Honshu, where they were informed of their part in the nationwide program to obtain better public health statistics.

Budget and personnel matters were discussed. Beginning 1 January 1948, all schedules (transcripts of original registrations) will be routed to the Ministry of Welfare through the health centers and the prefectural health statistics offices. This will make it possible to put this information to work at the local and prefectural levels.

SECTION X

NUTRITION CONSULTANT

A revision of the Ministry of Welfare Ordinance on "Regulation for Qualification of Nutrition Specialists", which provides for raising the educational standards for Nutritionists, was passed by the Diet and became a law 7 December.

The Nutrition Society of Japan held their Second Annual convention in Tokyo 10 December. Col. C. F. Sams, Chief, Public Health and Welfare Section, and the Chief Nutrition Consultant, PH&W, SCAP, addressed the group of over 900 members. Both officers stressed the need for sound training in the field of nutrition so as to use their technique for making the best use of food production and distribution to satisfy nutritional needs of the Japanese, not only for calories, but for vitamins and minerals necessary for health.

SECTION XI

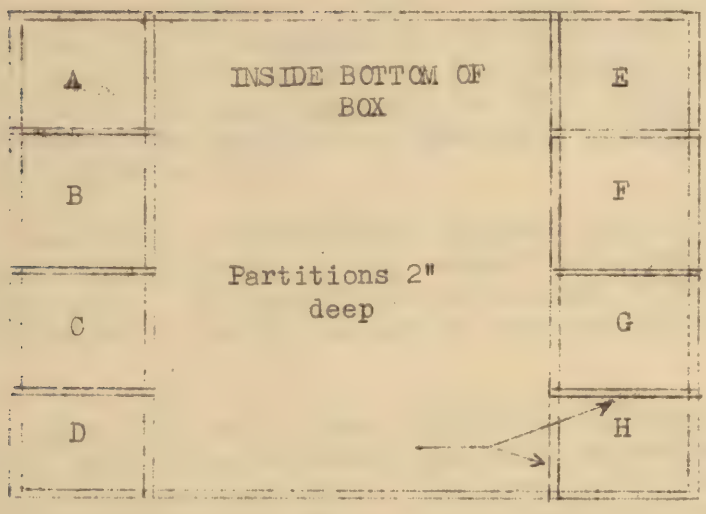
MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl: Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 6 December 1947.

PUBLIC HEALTH NURSES BOX

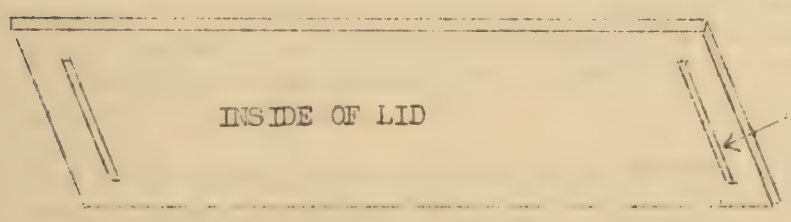


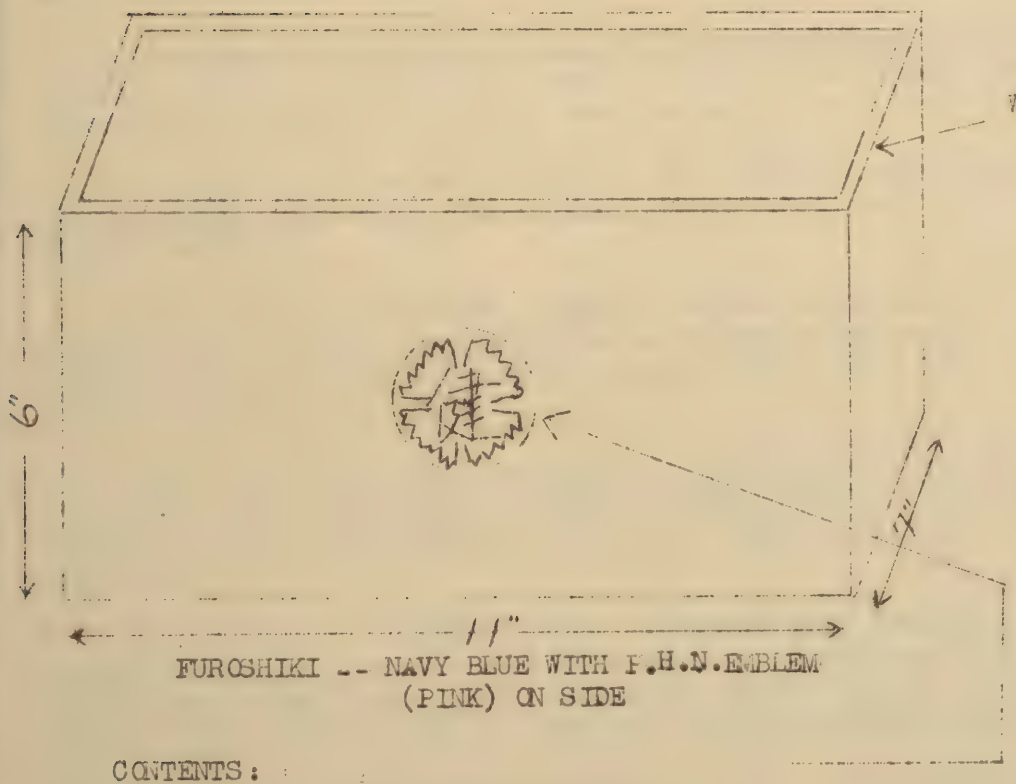
BOTTOM OF BOX

1. Baby Scales
2. Drawstring bag with cotton, etc.
3. Tongue depressors.

TOP OF BOX

1. Paper envelope with soap, towel, etc.
2. Cloth envelope with apron.





FUROSHIKI -- NAVY BLUE WITH P.H.N. EMBLEM (PINK) ON SIDE

CONTENTS:

A -- ORAL THERMOMETER
B -- SCISSORS AND THUMB FORCEPS
C -- TOOTHPICKS
D -- ALCOHOL
E -- RECTAL THERMOMETER AND LUBRICANT
F -- GLASS SLIDES, SAFETY PINS, SPOOL OF THREAD
G -- ROLL OF BANDAGE

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN FOR THE WEEK ENDING 6 DECEMBER 1947

There was an increase of nearly 5 percent in the total number of communicable disease cases (10,575) reported for the week ending 6 December 1947, as compared with the total (10,095) reported in the preceeding week. Tuberculosis alone (5,69 cases) accounted for more than half the total cases. Approximately 36 percent of the total cases were credited to: pneumonia (2,407), whooping cough (776), measles (619), and influenza (45).

The remaining 12 communicable diseases included in this report accounted for 1,029 cases and 139 deaths in the current week, compared with 1,095 cases and 156 deaths last week. Of these 12 acute diseases, diphtheria (523 cases and 51 deaths) accounted for more than 50 percent of the cases and more than 35 percent of the deaths.

Both cases and deaths from diphtheria declined. Cases decreased 17 percent from 633 to 523. Current deaths (51) were approximately 9 percent less than the number (56) reported last week. The current and cumulative case rates per 100,000 population per annum were 35.0 and 36.7 respectively. Corresponding death rates were 3.4 and 3.0.

The incidence of dysentery decreased 21 percent from 115 cases last week to 91 cases in the current week. Deaths decreased 24 percent from 59 to 45. The current and cumulative case rates were 6.1 and 53.3 respectively. Corresponding death rates were 3.0 and 10.0.

Typhoid fever cases (191) were nearly 10 percent greater than the number (174) reported in the preceding week. Deaths rose from 26 to 29. The current and cumulative case rates were 12.8 and 23.6 respectively. Corresponding death rates were 1.9 and 3.0.

Paratyphoid fever cases increased approximately 34 percent from 38 to 51. No deaths were reported currently compared with 6 last week. The current and cumulative case rates were 3.4 and 6.2 respectively. The cumulative death rate was 0.4.

No cases or deaths were reported from smallpox currently compared with 1 case and no deaths last week. The cumulative case and death rates were 0.5 and 0.1 re-respectively.

There were 10 cases and 1 death credited to typhus fever in the current week compared with 4 cases and no deaths in the preceding week. The current and cumulative case rates were 0.7 and 1.4 respectively. Both the current and cumulative death rates were 0.1.

There was a 9 percent increase in malaria cases (84) over last week's low level (77). No deaths were reported compared with one last week. The current and cumulative case rates were 5.6 and 15.9 respectively. The cumulative death rate was 0.03.

The incidence of scarlet fever continued it's irregular course. Cases increased nearly 70 percent from 33 to 56. One death was reported currently compared with 2 last week. There was little difference in the current case rate (3.7 and the cumulate rate (3.4). Both the current and cumulative death rates were 0.

Epidemic meningitis accounted for 23 cases and 12 deaths in the current week compared with 20 cases and 6 deaths last week. The current and cumulative case rates were 1.5 and 4.5 respectively. Corresponding death rates were 0.8 and 1.5.

There were no cases or deaths reported for suspect Japanese "B" encephalitis in the last four weeks. The cumulative case and death rates were 0.3 and 0.2 respectively.

There continued to be no cholera or plague.

The currcnt and cumulative numbers of cases of chancroid were 781 and 38,38 respectively; for gonorrhea 3,744 and 200,271; and for syphilis 3,359 and 138,771

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 6 Dec. 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID (C)	CHANCROID (T)	GONORRHEA (C)	GONORRHEA (T)	SYPHILIS (C)	SYPHILIS (T)
HOKKAIDO	25	1125	170	8025	98	4280
AOMORI	3	402	36	2617	18	1568
IWATE	-	170	12	938	22	1116
MIYAGI	18	380	64	2868	33	1894
AKITA	10	217	46	1637	54	1320
YAMAGATA	2	159	17	1253	36	1812
FUKUSHIMA	12	420	58	3761	42	2551
IBARAKI	7	565	54	2368	53	2330
TOCHIGI	7	385	41	2895	66	2704
GUMMA	5	300	40	2150	49	2328
SAITAMA	4	626	46	2773	47	1891
CHIBA	5	782	56	3475	39	2229
TOKYO	40	1845	248	8075	570	7315
KANAGAWA	71	1731	350	12644	177	6474
NIIGATA	7	443	50	3077	24	2552
TOYAMA	9	385	47	2966	56	2409
ISHIKAWA	6	604	75	3639	78	2429
FUKUI	NR	396	NR	1716	NR	1254
YAMANASHI	2	94	43	1871	28	672
NAGANO	4	279	71	3256	59	2410
GIFU	26	712	89	4176	44	1734
SHIZUOKA	5	670	49	3475	51	3206
AICHI	72	3427	251	13884	116	7221
MIE	10	1168	45	2634	36	2567
SHIGA	26	870	24	1621	27	1494
KYOTO	71	1921	156	7736	172	4625
OSAKA	64	4400	260	16712	284	14567
HYOGO	31	1760	144	8559	175	8689
NARA	13	554	17	1137	22	1203
WAKAYAMA	32	1079	103	3889	56	2404
TOTTORI	7	354	28	3085	24	1603
SHIMANE	2	172	17	1601	12	1419
OKAYAMA	32	1548	94	5760	93	3527
HIROSHIMA	20	1124	131	7728	60	3614
YAMAGUCHI	4	469	75	3623	44	2266
TOKUSHIMA	7	151	44	1347	60	1286
KAGAWA	16	642	54	2365	36	1531
EHIME	17	332	42	3227	67	3019
KOCHI	12	306	76	1552	49	1153
FUKUOKA	NR	2870	NR	11937	NR	7239
SAGA	5	373	94	4518	68	2204
NAGASAKI	15	756	142	6429	81	3271
KUMAMOTO	41	413	72	3896	105	2794
OITA	13	730	136	2937	94	2087
MIYAZAKI	NR	75	NR	1627	NR	1020
KAGOSHIMA	3	202	77	2812	34	1490
TOTAL	781	38386	3744	200271	3359	138771
Rates						
Current	52.2	52.4	250.3	273.2	224.5	189.3
Previous	51.4		267.7		191.4	

Rates per 100,000 per annum, based upon estimated population 1 July 1947.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

Week Ending 6 December 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	37	8	2233	257	1	-	1357	136
AOMORI	12	1	467	41	-	-	298	29
IWATE	6	1	395	33	6	-	1090	94
MIYAGI	10	-	552	21	4	-	764	67
AKITA	20	1	644	46	1	1	452	67
YAMAGATA	8	1	642	42	4	1	1637	117
FUKUSHIMA	5	-	401	12	-	-	2206	283
IBARAKI	6	1	514	49	3	1	1708	471
TOCHIGI	17	2	672	37	1	1	1231	212
GUMMA	5	1	310	65	2	1	1374	230
SAITAMA	9	-	620	59	1	-	1724	352
CHIBA	4	-	398	31	-	-	1005	213
TOKYO	33	3	1528	225	4	4	2945	698
KANAGAWA	15	1	534	38	3	-	703	145
NIIGATA	27	2	779	48	2	1	1748	249
TOYAMA	3	-	219	11	-	-	189	12
ISHIKAWA	-	-	590	28	-	-	208	37
FUKUI	3	-	218	12	2	-	367	48
YAMANASHI	1	1	102	12	1	-	665	69
NAGANO	10	-	609	40	2	-	1594	159
GIFU	1	-	190	20	3	1	638	198
SHIZUOKA	13	3	522	56	3	1	1201	287
AICHI	26	-	1528	83	3	10	1883	536
MIE	13	2	641	39	1	1	489	124
SHIGA	1	1	205	15	-	-	300	40
KYOTO	5	-	479	49	20	2	851	123
OSAKA	9	1	409	49	1	5	909	240
HYOGO	11	6	847	67	3	6	1383	265
NARA	-	-	185	7	-	-	173	24
WAKAYAMA	1	-	220	8	-	-	140	32
TOTTORI	3	-	164	16	1	-	182	43
SHIMANE	4	-	483	24	-	-	461	134
OKAYAMA	7	2	370	32	1	1	425	139
HIROSHIMA	15	-	615	30	1	-	595	170
YAMAGUCHI	47	4	701	55	1	2	286	109
TOKUSHIMA	2	-	284	9	-	-	839	125
KAGAWA	2	-	284	16	2	2	521	91
EHIME	9	1	841	79	4	-	958	190
KOCHI	15	-	309	21	1	-	305	75
FUKUOKA	33	6	1691	110	3	1	627	119
SAGA	18	1	784	58	1	1	209	42
NAGASAKI	13	-	623	69	-	-	541	104
KUMAMOTO	12	-	222	27	3	2	351	94
OITA	21	-	735	45	2	-	320	90
MIYAZAKI	NR	NR	533	48	NR	NR	534	121
KAGOSHIMA	11	1	613	79	-	-	706	134
TOTAL	523	51	26905	2218	91	45	39092	7337
RATE								
Current	35.0	3.4	36.7	3.0	6.1	3.0	53.3	10.0
Previous	42.3	3.7			7.7	3.9		

Rates per 100,000 per annum
Rates based upon estimated population 1 July 1947

	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
PREFECTURE	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	6	2	744	89	2	-	223	16
AOMORI	1	-	237	32	-	-	54	2
IWATE	2	-	223	35	1	-	65	1
MIYAGI	-	-	388	30	-	-	255	11
AKITA	2	-	154	30	-	-	44	4
YAMAGATA	3	-	348	56	-	-	105	5
FUKUSHIMA	1	-	437	46	-	-	101	11
IBARAKI	6	-	413	46	6	-	188	10
TOCHIGI	2	-	416	62	-	-	102	5
GUMMA	1	-	273	47	2	-	114	6
SAITAMA	2	-	484	58	-	-	95	9
CHIBA	6	-	388	24	-	-	128	3
TOKYO	28	2	1306	167	9	-	463	22
KANAGAWA	3	2	644	94	-	-	146	10
NIIGATA	13	1	588	82	2	-	183	6
TOYAMA	4	-	387	35	2	-	113	1
ISHIKAWA	-	-	193	19	2	-	48	1
FUKUI	3	-	158	22	-	-	39	1
YAMANASHI	-	-	135	7	1	-	48	1
NAGANO	1	-	323	27	1	-	137	13
GIFU	6	2	575	65	2	-	133	13
SHIZUOKA	13	1	608	65	2	-	152	17
AICHI	6	9	948	123	1	-	193	7
MIE	10	-	759	81	3	-	112	10
SHIGA	1	-	127	17	-	-	28	5
KYOTO	2	-	395	41	2	-	93	5
OSAKA	7	1	564	103	-	-	275	9
HYOGO	12	6	979	156	1	-	108	11
NARA	-	-	136	15	-	-	16	-
WAKAYAMA	4	-	458	52	1	-	65	1
TOTTORI	2	-	150	10	1	-	33	-
SHIMANE	6	-	273	37	-	-	113	5
OKAYAMA	3	-	340	39	-	-	21	2
HIROSHIMA	5	-	700	89	2	-	163	11
YAMAGUCHI	-	-	111	10	-	-	30	3
TOKUSHIMA	2	-	254	36	1	-	37	5
KAGAWA	2	-	188	29	-	-	62	2
EHIME	3	-	183	26	-	-	33	1
KOCHI	10	2	408	47	3	-	41	4
FUKUOKA	6	1	342	35	-	-	60	3
SAGA	1	-	78	3	-	-	29	1
NAGASAKI	2	-	106	12	2	-	37	2
KUMAMOTO	2	-	101	14	1	-	24	1
OITA	1	-	105	14	-	-	11	1
MIYAZAKI	NR	NR	160	34	NR	NR	43	3
KAGOSHIMA	1	-	29	7	1	-	17	-
TOTAL	191	29	17316	2168	51	0	4580	260
Rates								
Current	12.8	1.9	23.6	3.0	3.4	0.0	6.2	0.4
Previous	11.6	1.7			2.5	0.4		

Rates per 100,000 per Annum, based upon estimated population 1 July 1947

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	47	8	-	-	55	8
AOMORI	-	-	-	-	-	-	8	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	20	3
AKITA	-	-	12	1	-	-	2	1
YAMAGATA	-	-	8	3	-	-	42	4
FUKUSHIMA	-	-	1	-	-	-	4	-
IBARAKI	-	-	21	1	-	-	36	4
TOCHIGI	-	-	23	2	1	-	11	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	-	-	29	2
CHIBA	-	-	13	2	-	-	26	1
TOKYO	-	-	18	5	4	-	221	29
KANAGAWA	-	-	4	-	-	-	42	2
NIIGATA	-	-	4	1	-	-	12	1
TOYAMA	-	-	1	-	-	-	8	1
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	6	4
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	3	-	-	-	9	1
GIFU	-	-	-	-	-	-	26	-
SHIZUOKA	-	-	4	-	-	-	30	-
AICHI	-	-	9	-	1	-	223	5
MIE	-	-	5	1	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	1	1	7	1
OSAKA	-	-	11	2	2	-	54	-
HYOGO	-	-	42	3	1	-	6	2
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	-	-	34	1	-	-	17	1
TOTTORI	-	-	1	-	-	-	7	-
SHIMANE	-	-	7	-	-	-	8	-
OKAYAMA	-	-	11	-	-	-	5	-
HIROSHIMA	-	-	3	1	-	-	2	-
YAMAGUCHI	-	-	7	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	4	-	-	-	52	6
EHIME	-	-	13	2	-	-	6	-
KOCHI	-	-	1	-	-	-	2	-
FUKUOKA	-	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	2	-
NAGASAKI	-	-	2	-	-	-	7	1
KUMAMOTO	-	-	3	-	-	-	3	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	NR	NR	1	-	NR	NR	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	0	0	398	38	10	1	1045	84
RATE								
Current	0.0	0.0	0.5	0.1	0.7	0.1	1.4	0.1
Previous	0.1	0.0			0.3	0.0		

Rate per 100,000 per annum.
Rate based upon estimated population 1 July 1947.

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	–	290	2	–	–	–	–
AOMORI	1	–	181	–	–	–	–	–
IWATE	–	–	180	–	–	–	–	–
MIYAGI	–	–	25	–	–	–	–	–
AKITA	–	–	183	–	–	–	–	–
YAMAGATA	–	–	114	–	–	–	–	–
FUKUSHIMA	1	–	245	–	–	–	–	–
IBARAKI	–	–	315	2	–	–	–	–
TOCHIGI	1	–	111	–	–	–	–	–
GUNMA	1	–	87	–	–	–	–	–
SAITAMA	2	–	63	1	–	–	–	–
CHIBA	3	–	113	–	–	–	–	–
TOKYO	5	–	752	–	–	–	–	–
KANAGAWA	1	–	443	–	–	–	–	–
NIIGATA	2	–	275	1	–	–	–	–
TOYAMA	–	–	164	–	–	–	–	–
ISHIKAWA	–	–	57	–	–	–	–	–
FUKUI	NR	–	73	–	–	–	–	–
YAMANASHI	1	–	67	–	–	–	–	–
NAGANO	1	–	180	–	–	–	–	–
GIFU	2	–	36	–	–	–	–	–
SHIZUOKA	–	–	206	–	–	–	–	–
AICHI	–	–	263	–	–	–	–	–
MIE	3	–	223	1	–	–	–	–
SHIGA	4	–	1871	–	–	–	–	–
KYOTO	2	–	165	–	–	–	–	–
OSAKA	6	–	154	–	–	–	–	–
HYOGO	6	–	311	–	–	–	–	–
NARA	–	–	69	–	–	–	–	–
WAKAYAMA	1	–	77	–	–	–	–	–
TOTTORI	3	–	150	–	–	–	–	–
SHIMANE	1	–	126	–	–	–	–	–
OKAYAMA	1	–	76	–	–	–	–	–
HIROSHIMA	–	–	231	–	–	–	–	–
YAMAGUCHI	1	–	279	–	–	–	–	–
TOKUSHIMA	2	–	217	–	–	–	–	–
KAGAWA	–	–	145	–	–	–	–	–
EHIME	5	–	471	1	–	–	–	–
KOCHI	4	–	110	1	–	–	–	–
FUKUOKA	10	–	982	7	–	–	–	–
SAGA	–	–	276	3	–	–	–	–
NAGASAKI	2	–	215	–	–	–	–	–
KUMAMOTO	3	–	207	–	–	–	–	–
OITA	5	–	367	3	–	–	–	–
MIYAZAKI	NR	–	196	1	–	–	–	–
KAGOSHIMA	1	–	284	–	–	–	–	–
TOTAL	84	0	11625	23	0	0	0	0
Rate								
Current	5.6	0.0	15.9	0.03	0.0	0.0	0.0	0.0
Previous	5.1	0.1			0.0	0.0		

Rates per 100,000 per annum.
Rates based upon estimated population 1 July 1947.

PREFECTURE	SCARLET FEVER Current (C)	(D)	Cumulative (C)	(D)	EPIDEMIC MENINGITIS Current (C)	(D)	Cumulative (C)	(D)	JAP B ENCEPHALITIS (SUSPECTS) Current (C)	(D)	Cumulative (C)	(D)
HOKKAIDO	12	-	347	8	2	-	368	99	-	-	-	-
AOMORI	2	-	27	1	-	-	99	19	-	-	2	-
IWATE	1	-	28	4	-	-	56	16	-	-	-	1
MIYAGI	3	-	94	1	1	1	127	19	-	-	1	-
AKITA	1	1	31	2	-	-	86	38	-	-	2	2
YAMAGATA	-	-	40	1	2	-	82	22	-	-	1	-
FUKUSHIMA	-	-	46	1	-	-	141	39	-	-	-	-
IBARAKI	4	-	63	1	3	1	196	62	-	-	-	-
TOCHIGI	-	-	42	1	-	-	31	13	-	-	1	-
GUMMA	2	-	79	2	-	-	38	18	-	-	1	1
SAITAMA	2	-	54	-	-	-	72	30	-	-	-	-
CHIBA	-	-	50	1	1	1	62	21	-	-	-	-
TOKYO	10	-	490	10	5	5	653	269	-	-	5	-
KANAGAWA	7	-	111	2	-	-	76	23	-	-	1	1
NIIGATA	-	-	31	1	-	-	67	21	-	-	1	-
TOYAMA	-	-	14	-	-	-	20	2	-	-	1	1
ISHIKAWA	-	-	6	1	-	-	42	11	-	-	-	-
FUKUI	-	-	6	-	-	-	12	5	-	-	1	-
YAMANASHI	-	-	23	1	1	-	27	3	-	-	-	-
NAGANO	1	-	89	2	-	-	38	6	-	-	-	-
GIFU	-	-	25	1	-	-	18	6	-	-	1	1
SHIZUOKA	-	-	131	-	-	-	93	22	-	-	-	-
AICHI	3	-	112	3	-	-	43	10	-	-	-	-
MIE	2	-	44	2	2	-	28	5	-	-	6	2
SHIGA	1	-	45	-	-	-	29	12	-	-	-	-
KYOTO	1	-	133	2	-	-	67	17	-	-	5	1
OSAKA	1	-	53	-	4	1	149	37	-	-	46	36
HYOGO	1	-	61	2	-	-	69	27	-	-	12	3
NARA	1	-	10	-	-	-	6	1	-	-	-	-
WAKAYAMA	-	-	7	-	-	-	10	4	-	-	1	1
TOTTORI	-	-	6	-	-	1	44	16	-	-	22	8
SHIMANE	-	-	29	-	-	-	17	6	-	-	7	5
OKAYAMA	1	-	25	-	-	-	11	7	-	-	62	31
HIROSHIMA	-	-	21	2	-	-	65	20	-	-	6	4
YAMAGUCHI	-	-	13	-	-	-	33	6	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	9	4	-	-	1	1
KAGAWA	-	-	14	2	-	-	18	7	-	-	31	16
EHIME	-	-	22	-	-	-	35	21	-	-	16	8
KOCHI	-	-	9	-	1	1	24	9	-	-	13	3
FUKUOKA	-	-	22	3	-	1	84	55	-	-	1	1
SAGA	-	-	2	-	-	-	16	6	-	-	-	-
NAGASAKI	-	-	27	1	-	-	33	14	-	-	1	1
KUMAMOTO	-	-	6	-	1	-	33	11	-	-	2	2
OITA	-	-	3	-	-	-	13	2	-	-	1	1
MIYAZAKI	NR	NR	11	-	NR	NR	26	7	-	-	1	-
KAGOSHIMA	-	-	3	-	-	-	34	16	-	-	-	-
TOTAL	56	1	2508	58	23	12	3300	1084	0	0	252	131
Rate Current	3.7	0.1	3.4	0.1	1.5	0.8	4.5	1.5	0.0	0.0	0.3	0.2
Previous	2.2	0.1			1.3	0.4			0.0	0.0		

Plague: 0
Rates per 100,000 per Annum.
Rates based upon estimated population 1 July 1947.

PREFECTURE	MEASLES Cases	WHOOPING COUGH Cases	TUBERCULOSIS Cases
HOKKAIDO	21	52	432
AOMORI	34	23	60
IWATE	29	19	331
MIYAGI	37	19	99
AKITA	16	17	110
YAMAGATA	8	8	51
FUKUSHIMA	28	19	100
IBARAKI	-	23	96
TOCHIGI	10	17	35
GUMMA	2	4	31
SAITAMA	1	6	89
CHIBA	1	3	149
TOKYO	7	56	552
KANAGAWA	-	39	336
NIIGATA	45	52	228
TOYAMA	26	49	145
ISHIKAWA	8	20	101
FUKUI	NR	NR	NR
YAMANASHI	2	8	51
NAGANO	26	-	115
GIFU	10	17	99
SHIZUOKA	10	10	124
AICHI	32	11	204
MIE	18	13	42
SHIGA	1	7	36
KYOTO	-	9	161
OSAKA	8	25	360
HYOGO	1	5	82
NARA	-	-	33
WAKAYAMA	3	9	56
TOTTORI	12	1	46
SHIMANE	13	22	83
OKAYAMA	15	14	58
HIROSHIMA	23	14	71
YAMAGUCHI	6	5	53
TOKUSHIMA	5	5	46
KAGAWA	1	-	6
EHIME	50	14	129
KOCHI	30	7	89
FUKUOKA	8	81	331
SAGA	4	9	61
NAGASAKI	26	14	159
KUMAMOTO	20	14	88
OITA	-	27	126
MIYAZAKI	NR	NR	NR
KAGOSHIMA	22	9	45
TOTAL	619	776	5699
RATE			
Current	41.4	51.9	381.0
Previous	49.1	45.6	363.7

Deaths not available.
Rate per 100,000 per annum.
Rate based upon estimated population 1 July 1947.

Weekly Report - 6 December 1947
Continued

PREFECTURE	PNEUMONIA Cases	INFLUENZA Cases
HOKKAIDO	111	3
AOMORI	44	-
IWATE	42	-
MIYAGI	77	-
AKITA	40	-
YAMAGATA	24	-
FUKUSHIMA	115	-
IBARAKI	98	-
TOCHIGI	31	1
GUMMA	23	-
SAITAMA	41	-
CHIBA	18	-
TOKYO	93	3
KANAGAWA	99	1
NIIGATA	100	-
TOYAMA	79	-
ISHIKAWA	87	-
FUKUI	NR	NR
YAMANASHI	18	-
NAGANO	53	-
GIFU	66	-
SHIZUOKA	61	-
AICHI	56	-
MIE	30	-
SHIGA	14	-
KYOTO	30	-
OSAKA	71	-
HYOGO	35	-
NARA	10	-
WAKAYAMA	98	-
TOTTORI	16	-
SHIMANE	31	-
OKAYAMA	18	2
HIROSHIMA	59	15
YAMAGUCHI	12	-
TOKUSHIMA	31	-
KAGAWA	5	-
EHIME	107	-
KOCHI	37	-
FUKUOKA	148	-
SAGA	55	-
NAGASAKI	85	-
KUMAMOTO	53	-
OITA	38	20
MIYAZAKI	NR	NR
KAGOSHIMA	48	-
TOTAL	2407	45
Rates		
Current	160.9	3.0
Previous	139.8	3.5

Rates per 100,000 per Annum, based upon estimated population 1 July 1947
Deaths not available

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR COMPARABLE PERIOD, 1946 and 1947

DISEASES	Week Ending 6 Dec 1947	Week Ending 7 Dec 1946	Four Weeks Ending 6 Dec 1947	Four Weeks Ending 7 Dec 1946	Cumulative Number for first 49 weeks 1947	Cumulative Number for first 49 weeks 1946
Cases						
Diphtheria	523	1146	2302	4355	26905	46517
Dysentery	91	326	533	2345	39092	87281
Typhoid	191	545	798	2459	17316	43049
Paratyphoid	51	104	203	498	4580	8673
Smallpox	0	22	3	62	390	17744
Typhus Fever	10	64	20	183	1045	30971
Malaria	84	281	352	1269	11625	NA
Cholera	0	2	0	3	0	1206
Scarlet Fever	56	72	228	297	2508	2050
Epidemic Meningitis (Suspects)	23	21	75	61	3300	1405
Jap. B. Encephalitis	0	0	0	3	252	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	51	76	196	298	2218	3606
Dysentery	45	118	233	621	7337	12923
Typhoid	29	59	134	334	2168	5155
Paratyphoid	0	2	11	25	260	445
Smallpox	0	4	0	16	38	2731
Typhus Fever	1	6	1	15	84	2897
Malaria	0	1	1	5	23	NA
Cholera	0	1	0	2	0	515
Scarlet Fever	1	3	6	7	58	96
Epidemic Meningitis (Suspects)	12	12	36	29	1084	403
Jap. B. Encephalitis	0	0	0	0	131	NA
Plague	0	0	0	0	0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES FOR COMPARABLE PERIOD, 1946 and 1947

Diseases	Week Ending 6 Dec 1947	Week Ending 7 Dec 1946	Four Weeks Ending 6 Dec 1947	Four Weeks Ending 7 Dec 1946	Cumulative Number for first 49 weeks 1947	Cumulative Number for first 49 weeks 1946
Case Rates						
Diphtheria	35.0	79.4	38.5	75.4	36.7	65.7
Dysentery	6.1	22.6	8.9	40.6	53.3	123.3
Typhoid	12.8	37.7	13.3	42.6	23.6	60.8
Paratyphoid	3.4	7.2	3.4	8.6	6.2	12.3
Smallpox	0.0	1.5	0.1	1.1	0.5	25.1
Typhus Fever	0.7	4.4	0.3	3.2	1.4	43.8
Malaria	5.6	19.5	5.9	22.0	15.9	NA
Cholera	0.0	0.1	0.0	0.1	0.0	1.7
Scarlet Fever	3.7	5.0	3.8	5.1	3.4	2.9
Epidemic Meningitis (Suspects)	1.5	1.5	1.3	1.1	4.5	2.0
Jap. B. Encephalitis	0.0	0.0	0.0	0.1	0.3	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	3.4	5.3	3.3	5.2	3.0	5.1
Dysentery	3.0	8.2	3.9	10.8	10.0	18.3
Typhoid	1.9	4.1	2.2	5.8	3.0	7.3
Paratyphoid	0.0	0.1	0.2	0.4	0.4	0.6
Smallpox	0.0	0.3	0.0	0.3	0.1	3.9
Typhus Fever	0.1	0.4	0.02	0.3	0.1	4.1
Malaria	0.0	0.1	0.02	0.1	0.03	NA
Cholera	0.0	0.1	0.0	0.03	0.0	0.7
Scarlet Fever	0.1	0.2	0.1	0.1	0.1	0.1
Epidemic Meningitis (Suspects)	0.8	0.8	0.6	0.5	1.5	0.6
Jap. B. Encephalitis	0.0	0.0	0.0	0.0	0.2	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rate per 100,000 per annum

1947 Rates based upon estimated population 1 July 1947.

1946 Rates based upon estimated population 1 July 1946.